

ECG Rhythm Strip Atlas

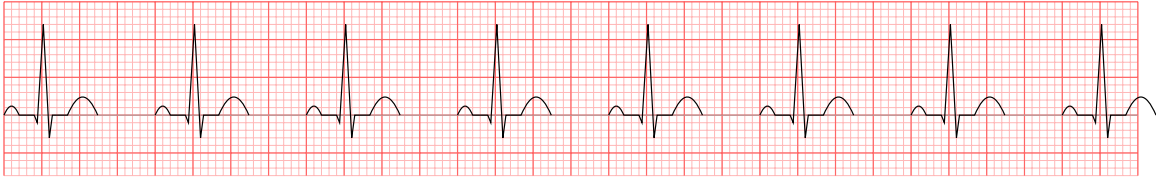
Every rhythm strip in the series, side by side · Aehlert, *ECGs Made Easy*, 7th ed. · Dr. Alice Matthews · Concorde Career College Portland

How to use this atlas. Every strip is printed to **true clinical scale**: 25 mm/s horizontally, 10 mm/mV vertically. A 150 mm strip is exactly 6 seconds. You can measure any printed page with real calipers. Strips are grouped by chapter. For the full five-question breakdown, criteria tables, and memory hooks, see the individual study guides.

Chapter 3: Sinus Mechanisms

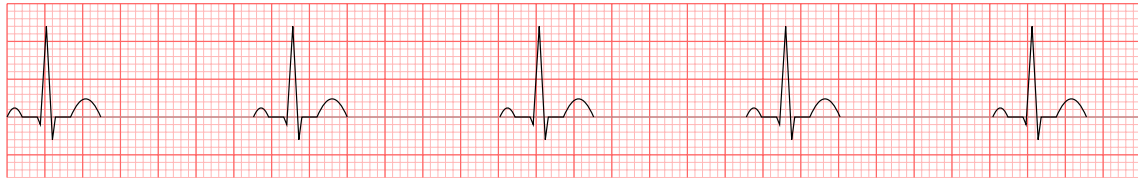
Normal Sinus Rhythm

75 bpm · regular · upright P before every QRS · PR 0.12 to 0.20 · QRS 0.06 to 0.10



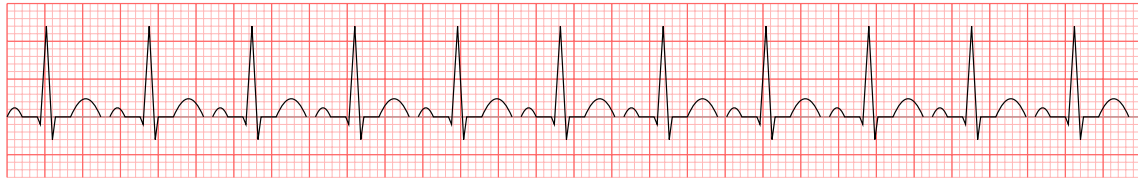
Sinus Bradycardia

46 bpm · everything else unchanged



Sinus Tachycardia

about 110 bpm · gradual onset and offset



Sinoatrial (SA) Block

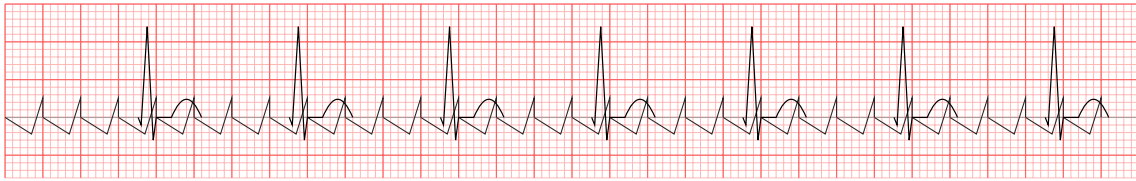
pause is an **exact multiple** of the P-P interval · the clock kept running



Chapter 4: Atrial Rhythms

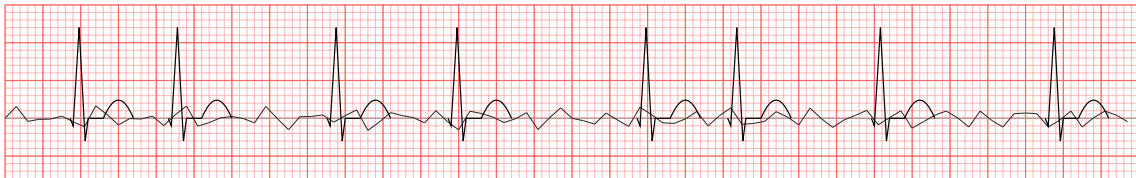
Atrial Flutter

sawtooth F waves, all alike, atrial rate about 300 · QRS set by the conduction ratio



Atrial Fibrillation

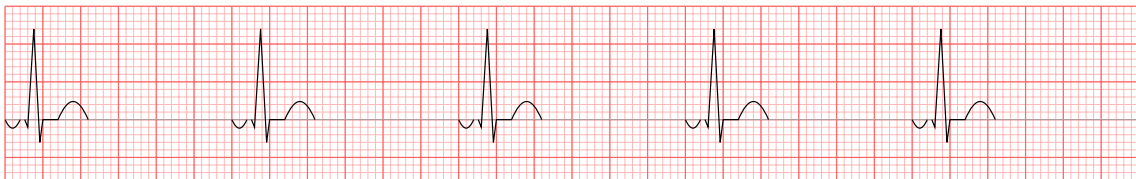
no discrete P waves · baseline never flat · irregularly irregular



Chapter 5: Junctional Rhythms

Junctional Escape, P Before

50 bpm · inverted P before the QRS · PR under 0.12 s · narrow



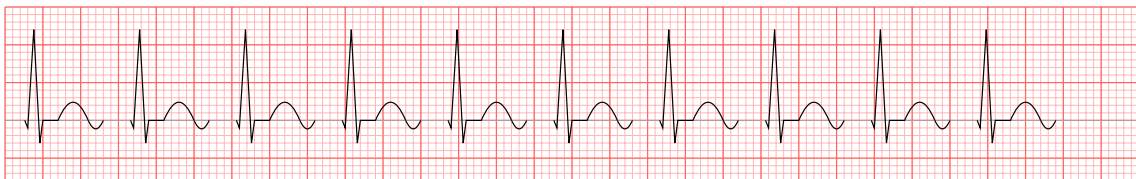
Accelerated Junctional, P Buried

68 bpm · no visible P wave · narrow · regular



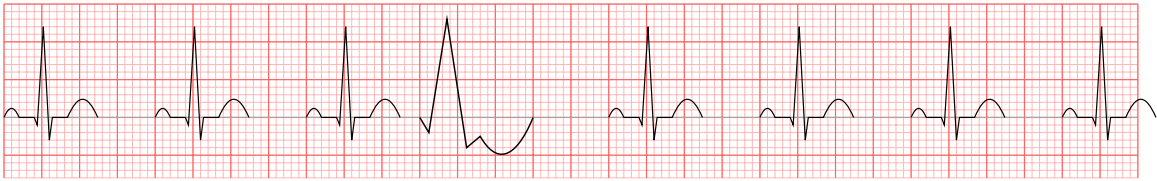
Junctional Tachycardia, Retrograde P

107 bpm · inverted P after the QRS · narrow



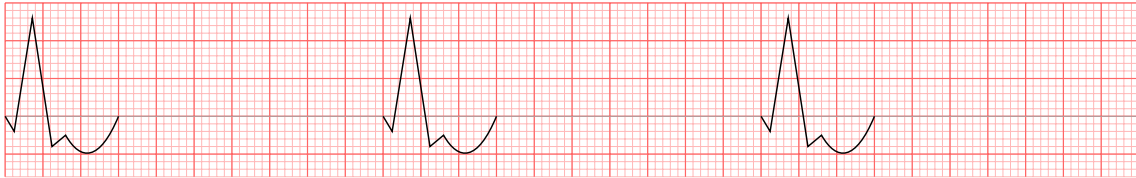
Chapter 6: Ventricular Rhythms

Premature Ventricular Complex sinus at 75 with one PVC · wide, bizarre, T wave opposite · no P before the PVC



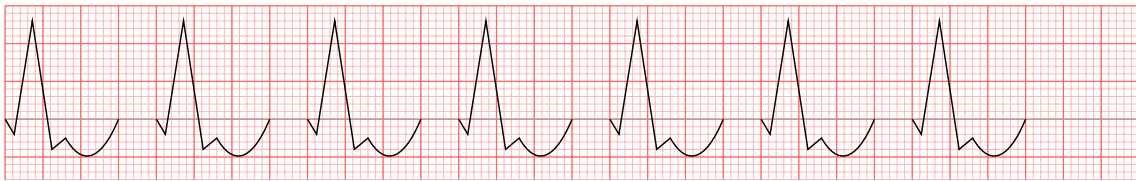
Idioventricular Rhythm

30 bpm · wide · regular · no P waves · the last escape



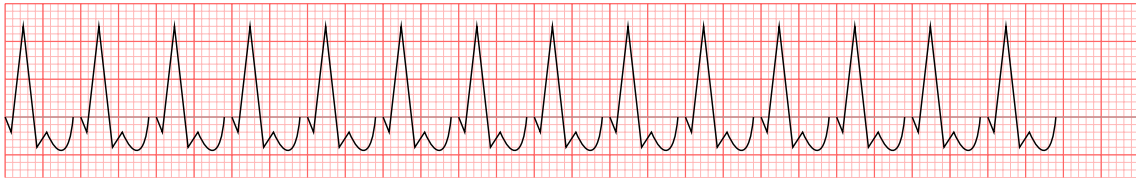
Accelerated Idioventricular Rhythm

75 bpm · wide · regular · no P waves · signature of reperfusion

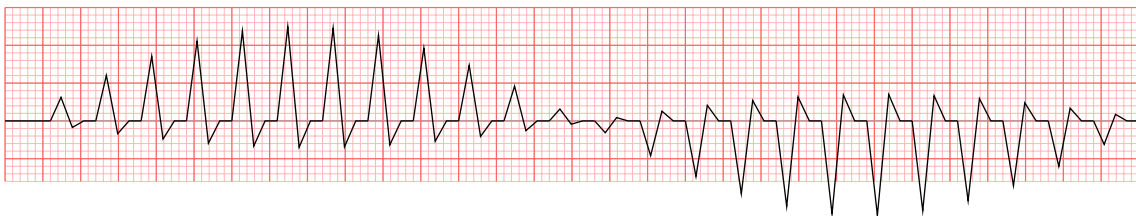


Monomorphic Ventricular Tachycardia

150 bpm · wide · regular · every complex the same shape

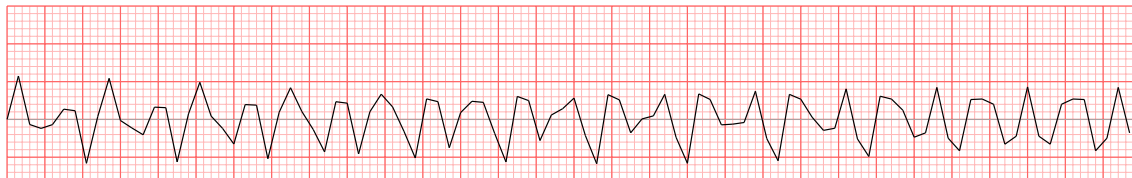


Torsades de Pointes 200 to 250 bpm · polymorphic · amplitude twists around the baseline · requires a prolonged QT

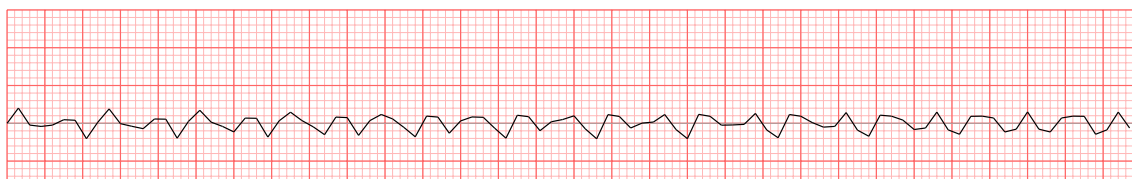


Chapter 6: The Arrest Rhythms

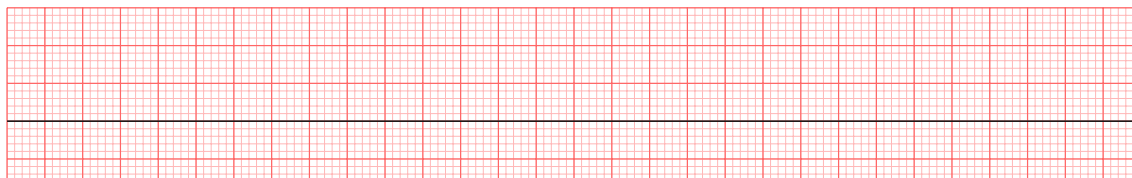
Ventricular Fibrillation, Coarse waves 3 mm or taller · no identifiable QRS · no pulse · CPR and defibrillation



Ventricular Fibrillation, Fine waves under 3 mm · can mimic asystole · same treatment: CPR and defibrillation



Asystole flat line · no electrical activity · confirm in two leads · not a shockable rhythm



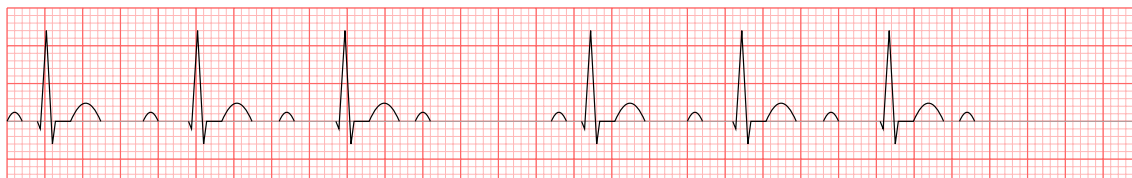
Pulseless Electrical Activity No strip is shown. PEA cannot be identified from a monitor. The strip shows organized activity; the patient has no pulse. The diagnosis is the gap between those two facts. Run the H's and T's.

Chapter 7: Atrioventricular Blocks

First-Degree AV Block PR over 0.20 s, constant · every P conducts · nothing dropped

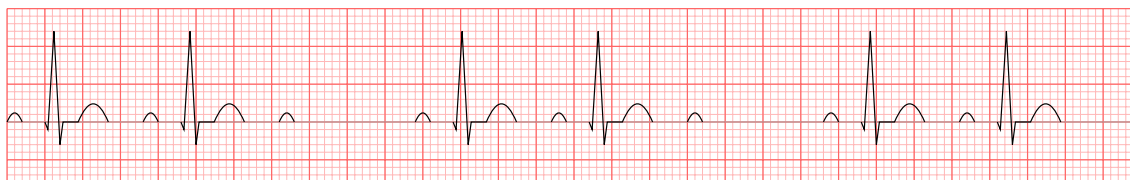


Type I (Wenckebach, Mobitz I) PR lengthens, lengthens, drops, resets · pause under twice the shortest R-R



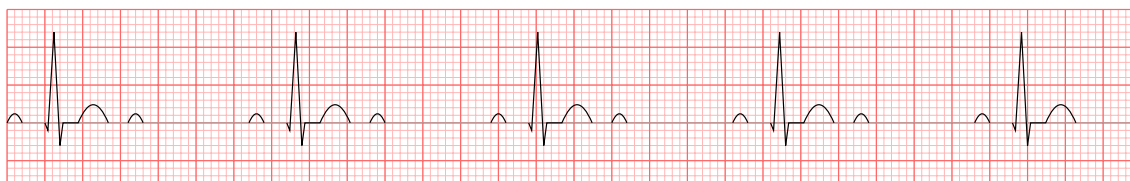
Type II (Mobitz II)

PR constant on conducted beats · then a QRS vanishes · pause is an exact multiple



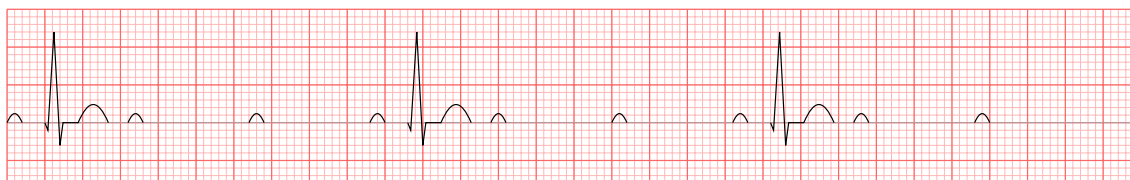
2:1 AV Block

two P waves per QRS · cannot be classified as Type I or II from a single strip



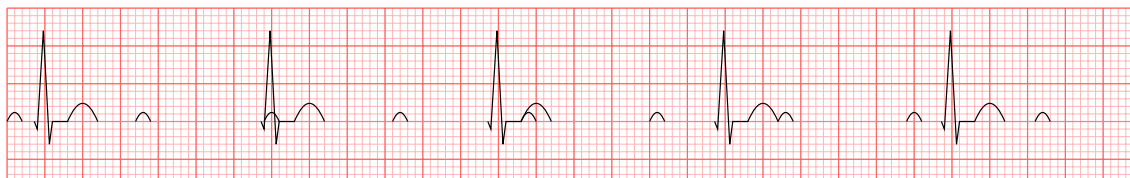
Advanced (High-Grade) Second-Degree Block

two or more P waves blocked in a row · but some still conduct



Third-Degree (Complete) AV Block

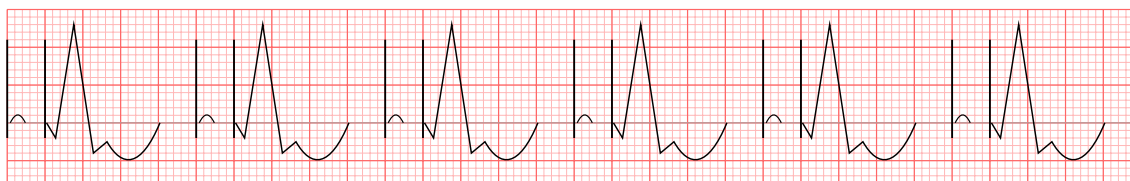
P waves and QRS march independently · no relationship · both regular, at different rates



Chapter 8: Pacemaker Rhythms

Dual-Chamber (AV Sequential) Pacing

spike before P and spike before QRS · wide QRS by design · LBBB-like



Common Trap

Reading strips from this atlas. Every strip here is a teaching rendering, not a patient tracing. The shapes are simplified so the pattern is clear. Real strips are noisier, and the same rhythm can look different from patient to patient. Use these to learn the pattern, then verify on real tracings. **A missing figure is better than a misleading one:** where a rhythm has no strip (PEA, sinus arrest, sinus arrhythmia, PAC, WAP, MAT, SVT), it is because an honest rendering would either misrepresent the rhythm or require a real patient tracing.